

Old Title	OLD #	NEW #	New Title	Comments	New Drug/Device
General Comments				Several models are available for formatting Removed most contact with medical control	
Adult Medical Assessment	1.1	1	Routine Patient Care Guidelines	Comprehensive merging of assessment protocols that includes scene size-up	
Adult Trauma Assessment	1.2	1	Routine Patient Care Guidelines	Emphasis on early transport decisions	
Adult Status Determination & Transport Decision	1.3	1.1	Patient Status & Transport Decisions	Emphasis on air medical transport and removed need for medical control for Status I patients. Addresses FAQ about transportation status and destination.	
Pediatric Patient Assessment	1.4	1.1	Routine Patient Care Guidelines	Combined Adult & Pediatric Status to one protocol. Status I & II have specific language. If no specific pediatric language, the treatment is the same as the adult. New definition of pediatric patient that is based upon the Broselow-Lund Tape.	
Pediatric Status Determination & Transport Decision	1.5	1.1	Patient Status & Transport Decisions	Combined Adult and Pediatric as above	
Medical Communications	1.6	1.3	Communication	Combines medical and trauma communication	
Trauma Communications	1.7	1.3	Communication	Combines medical and trauma communication	
Transportation	1.8	1.1	Patient Status & Transport Decisions	Combined Adult and Pediatric as above	
Communications Failure	1.9	1.3	Communication Failure		
MEDICAL					
Altered Mental Status/Coma	2.1			Subsumed into hypoglycemia, hyper/hypothermia, stroke, ACS, trauma	
Anaphylaxis	2.2	2.0	Allergic Reaction/Anaphylaxis-Adult	Split adult and pediatric into two protocols. Removed medical control for epi-pen use for basics. Added additional pressor agents.	
		2.0P	Allergic Reaction/Anaphylaxis-Pediatric	Added Epi-pen Jr for use by Basics. Allows Intermediates to give epinephrine and albuterol.	Epi-pen Jr

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Asthma & Difficulty Breathing/Respiratory Distress	2.3 & 2.7	2.1	Asthma/COPD/RAD-Adult	Split adult and pediatric into two protocols. Added N95 mask use. Added ipratropium bromide and levalbuterol and magnesium sulfate. CPAP advised for COPD patients	ipratropium bromide, levalbuterol, CPAP
		2.1P	Asthma/COPD/RAD-Pediatric	Split adult and pediatric into two protocols. Allows Basics and Intermediates to assist MDI. Added ipratropium bromide and levalbuterol and magnesium sulfate.	ipratropium bromide, Levalbuterol
Behavioral Emergencies	2.4	2.2	Behavioral Emergencies	Enhanced scene safety and patient interaction. Added flumazenil and diphenhydramine.	
Chronic Obstructive Pulmonary Disease	2.5	2.1	Asthma/COPD/RAD	Combined with 2.2	
Diabetic Emergencies	2.6	2.3	Diabetic Emergencies-Adult	Split adult and pediatric into two protocols. Specifically allows Basics to use glucometer. Thiamine only if patient is malnourished.	Glucometer
		2.3P	Diabetic Emergencies-Pediatric	Glucometer use for Basics. Split adult and pediatric into two protocols. Allows intermediates to initiate IVs on children greater than 25 kg. Age specific concentrations of glucose.	
Difficulty Breathing/Respiratory Distress	2.7	2.1	Asthma/COPD/RAD	Combined with 2.2	
Hypertensive Emergencies/Stroke	2.8	2.4	Stroke	Emphasizes early notification of the hospital. Added Prehospital Stroke Scale. Removed NTG and labetalol, magnesium sulfate, enalapril.	
Hyperthermia	2.9	2.5	Hyperthermia (Environmental)	Emphasizes hypoglycemia and alcoholism. Removed antipyretic treatment to 2.11. Added lorazepam for shivering.	
Hypothermia	2.10	2.6	Hypothermia (Environmental)	Added 3 shocks for VF and AED use. Glucose by intermediates. Significant changes in paramedic level care. Added table of hypothermia levels and symptoms. Medical control may recommend vasopressin, amiodarone, magnesium sulfate and external pacing.	

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Obstetric Emergencies	2.11	2.7	Obstetrical Emergencies	Changed dose of oxytocin under paramedic standing orders	
Neonatal Emergencies	2.12	2.8P	Neonatal Resuscitation	Changes in the management of meconium. Emphaized use of APGAR score. Removed calcium chloride and sodium bicarbonate.	
Pain Management	2.13	2.9	Pain Management	Emphasized padding and comfort and the use of the pain scale. Removed all anti-emetics to 2.14. Removed diphenhydramine for dystonic reaction.	ketorolac tromethamine
		2.10	Adult Fever	New protocol to address non-environmental fever	
Pediatric Fever	2.14	2.10P	Pediatric Fever	Added ibuprofen.	
Poisoning	2.15	2.11	Poisoning/Substance Abuse/Overdose-Adult	Split into adult and pediatric protocols. Removed use of activated charcoal. Added amyl nitrite and sodium thiosulfate for cyanide poisionngs and Mark-I kits for organophosphates under Intermediates. Removed proparcamide for flushing eyes. Added two PAM for	MARK - 1
		2.11P	Poisoning/Substance Abuse/Overdose-Pediatric	New protocol.	MARK-1 cyanide kit use
Radiation/Hazardous Materials Injuries		8.0	Hazardous Materials Exposure in Lg Scale MCI	New protocol	
		8.5	Radiation Injuries	New protocol	
Seizures	2.17	2.12	Seizures - Adult	Split into adult and pediatric protocols. Removed narcan use. Added glucagon for hypoglycemia. Removed midazolom, phenytoin, fosphenytoin and RSI.	
		2.12P	Seizures - Pediatric	Split into adult and pediatric protocols. Different alternative agents for seizures between adult and pediatric.	
Vomiting	2.18	2.13	Nausea/Vomiting	Added ondansetron, metoclopramide and promethazine	ondansetron metoclopramide promethazine * norepinephrine and phenylephrine added for post resuscitation
CARDIAC					
Asystole	31.	3.4	Cardiac Arrest	Split into adult and pediatric. Moved into Cardiac Arrest	

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		3.4P	Cardiac Arrest - Pedia	Added atropine and sodium bicarbonate.	

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Bradycardia	3.2	3.0 3.0P	Bradycardia - Adult Bradycardia - Pediatric	Split into adult and pediatric. Added dextrose for hypoglycemia.	
Chest Pain	3.3	3.2	Acute Coronary Syndromes	Fibrinolytic questionnaire is added to the Intermediate level. Recommends infusion pumps for vasoactive drugs. Added fentanyl and loproressor to paramedic standing orders. Added lorazepam under medical control.	
Complete Heart Block	3.4	3.0 3.0P	Bradycardia - Adult Bradycardia - Pediatric	Split into adult and pediatric. Moved dopamine out of medical control. Glucagon added to paramedic medical control New protocol to stress drug dosages.	
Congestive Heart Failure	3.5	3.3	Congestive Heart Failure (Pulmonary Edema)	CPAP added. Removed foley catheter placement. Recommends infusion pumps for vasoactive drugs.	
Premature Ventricular Contractions	3.6	3.4	Cardiac Arrest-Adult	Combined 3.6 - 3.10 into New 3.4.	
Pulseless Electrical Activity	3.7	3.4	Cardiac Arrest	Combined 3.6 - 3.10 into New 3.4.	
Tachycardia	3.8	3.1 3.1P	Tachycardia - Adult Tachycardia - Pediatric	Split into adult and pediatric. Split into adult and pediatric.	
Ventricular Fibrillation (Adult)	3.9	3.4	Cardiac Arrest	Combined 3.6 - 3.10 into New 3.4.	
Ventricular Fibrillation (Pedi)	3.10	3.4 3.4P	Cardiac Arrest Cardiac Arrest-Pediatric	Combined 3.6 - 3.10 into New 3.4. Stresses differences in drug dosages from the adult.	
TRAUMA					
Abdominal Injuries	4.1	4.0 4.0P	Abdominal Injuries (Penetrating)-Adult Abdominal Injuries (Penetrating) - Pediatric	MAST/PASG has been removed. New Protocol	
Burns	4.2	4.3 4.3P	Burns (Thermal) - Adult Burns (Thermal) - Pediatric	New emphasis on hazmat. New Protocol	

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Drowning	4.3	4.1	Submersion Injuries/Drowning - Adult & Pediatric	Added determination of death protocol. CPAP added.	
Eye & ENT Injuries	4.4	4.2	Eye & Dental Injuries	Treatment is divided out into systems and contains more detail.	
Fracture/Dislocation	4.5	1.0	Routine Pt. Care	Subsumed into routine patient care.	
Head Injury	4.6	4.4	Trauma Brain Injury	Change in emphasis from total vital sign monitoring to pupillary response and GCS. Focuses on EtCO2 monitoring and appropriate rate ventilation. Removed furosemide and mannitol.	
Shock	4.7		REMOVED		
Suspected Spinal Cord Injury & Assessment Protocol	4.8	6.6	Advanced Spinal Assessment	Unchanged	
Thoracic Injuries	4.9	4.5	Thoracic Injuries - Adult	Emphasized rapid transport. Removed MAST/PASG.	
	4.9	4.5P	Thoracic Injuries - Pediatric	New protocol	
Trauma Arrest	4.10	3.4	Cardiac Arrest		
CLINICAL PROCEDURES					
Cardiac Arrest (Medical)	5.1	3.4	Cardiac Arrest	Subsumed into 3.4	
Semiautomatic Defibrillation	5.1	3.4	Cardiac Arrest	Subsumed into 3.4	
Coordination of ACLS-Trained Provider with Personnel	5.1	3.4	Cardiac Arrest	Subsumed into 3.4	
Using Automated External Defibrillators	5.1	3.4	Cardiac Arrest	Subsumed into 3.4	
Manual Defibrillation	5.1	3.4	Cardiac Arrest	Subsumed into 3.4	
Intraosseous Access	5.2	5.1	Intraosseous Access	Allows for intraosseous access to any bone supported by FDA manufacturer guidelines (e.g sternal, tibial, etc.). Offers Model policy for commercial device (e.g. B.I.G.)	
Medication Administration	5.3			Removed	
		5.2	Immunization	New Protocol	
Rapid Sequence Intubation	5.4	5.3	Rapid Sequence Intubation	Vecuronium for long-term paralysis post intubation with medical control.	vecuronium rocuronium
Infection Control Practices	5.5	6.0	Bloodborne/Airborne Pathogens	Added SARS information. New information on airborne personal protective equipment and decontamination.	

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		5.4	Management of Patient Subdued by Taser	New protocol	
		6.1	Crime Scene/Preservation of Evidence	New protocol	
APPENDICES					
Child Abuse Recognition & Reporting Responsibilities	6.1	6.2	Abuse & Neglect - Child and Elder	Merged all vulnerable individuals into one protocol. Addresses reporting issues in more detail.	
Common Drug Names					
Death in the Field	6.3	6.5	Special Resuscitation Situations and Exceptions	Gives specific situations when to start resuscitation, when to stop resuscitation and documentation issues.	
DNR Orders	6.4	6.4	Special Resuscitation Situations and Exceptions	Subsumed into 6.3	
Domestic Violence Response	6.5	6.3	Response to Domestic Violence	More detailed with greater teaching points.	
Elder Abuse Recognition & Reporting Responsibilities	6.6	6.2	Abuse & Neglect - Child and Elder	Merged into 6.2	
Expanded Scope of Practice	6.7	6.11	Expanded Scope of Practice	New protocol	
Incident Management MCI Response	6.8		REMOVED		
Medical Monitoring & Rehabilitation	6.10	6.10	Responder Rehabilitation on the Incident Scene	Expanded to include safe and appropriate tracking and medical monitoring of responders to all types of incidents.	
Ongoing Skills Requirements/Protocol Approval	6.11		REMOVED		
On-Scene Medical Personnel	6.12	6.7	On-Scene Medical Personnel	More concise language.	
		6.8	Refusal of Care	New protocol	
Pediatric Immobilization and Transportation	6.13	6.9	Pediatric Restraint and Transportation	Address well-child transport and makes recommendations for seating positions in the ambulance.	

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Refusal of Care					
Sexual Assault	6.14	6.3	Response to Domestic Violence	Subsumed into 6.2	
Interfacility Transfers	6.16	7.0	Interfacility Transfers		
Extended Emergency Care	6.17	7.4	Expanded Scope of Practice	Unchanged	
SIDS	6.18	6.5	Special Resuscitation Situations and Exceptions	Subsumed into 6.5	
Nuclear/Chemical/Biological (NBC) Weapons	6.19	8.1	Hazardous Material Exposure in Large Scale/MCI	Addresses patient decontamination, transport decision, triage for hazardous material exposure in large scale/MCI	
		8.2	Nerve Agents & Organophosphates	New Protocol Concise protocol addressing mass exposure to Chlorine & Phosgene, Nerve Agents & Organophosphates, Cyanine & Arsenic and Radiation Injuries. Introduces Mark-I and Mark-II auto injectors for use by basics and intermediates.	MARK - 1
		8.2P	Nerve Agents & Organophosphates - Pediatrics	New Protocol Concise protocol addressing mass exposure to Chlorine & Phosgene, Nerve Agents & Organophosphates, Cyanine & Arsenic and Radiation Injuries. Introduces Mark-I and Mark-II auto injectors for use by basics and intermediates.	MARK - 1
		8.3	Nerve Agents & Organophosphates - Provider Protection	New Protocol Concise protocol addressing mass exposure to Chlorine & Phosgene, Nerve Agents & Organophosphates, Cyanine & Arsenic and Radiation Injuries. Also includes provider protection protocol. Introduces Mark-I and Mark-II auto injectors for use by basics and intermediates for the provider	MARK - 1
		8.4	Cyanide & Arsenic		